



# Ashland City Fire Department

An Equal Opportunity Employer

101 Court St., Ashland City, TN 37015

Phone: 615-792-4531 Fax: 615-792-7100

## Volunteer Membership Application

**Personal Information** (Please print legibly)

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever been convicted of a criminal offense (misdemeanor or felony)? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

What times would you be available for calls? Day \_\_\_\_\_ Night \_\_\_\_\_ Weekend \_\_\_\_\_

**How did you find out about volunteering with the Ashland City Fire Department?**

\_\_\_\_\_

### **Education and Specialized Training**

<b><u>Schools Attended</u></b>	<b><u>Name and Location of School</u></b>	<b><u>No. of Years</u></b>	<b><u>Graduate?</u></b>
High School	_____	_____	_____
College	_____	_____	_____
Trade, Business or Correspondence	_____	_____	_____

**Do you currently hold certifications in any of the following fields? If yes, please list dates, certification numbers, and place or department of certification:**

Fire Suppression: No \_\_\_ Yes \_\_\_\_\_

Rescue or Extrication: No \_\_\_ Yes \_\_\_\_\_

Emergency Medical: No \_\_\_ Yes \_\_\_\_\_

Hazardous Materials: No \_\_\_ Yes \_\_\_\_\_

Have you ever volunteered to work for Ashland City Fire Department or any other fire department? If so, list departments and dates you were a member?

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**Employment History**

*Below list your last three employers, starting with your current employer.*

**Name of Current Employer:** \_\_\_\_\_ Years Employed \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

Occupation/Duties: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ Years Employed \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

Occupation/Duties: \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ Years Employed \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

Occupation/Duties: \_\_\_\_\_

**References**

List three persons you are not related to who have known you at least one year.

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Years Acquainted \_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Years Acquainted \_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Years Acquainted \_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**We're Quick - We're Trained - We're Nice**

## INSTRUCTIONS FOR SUBMITTING APPLICATION

- 1) Save your application onto your computer. This program does not automatically save a copy, so be sure and save or print one for your files.
- 2) Submit your application one of the following ways:
  - a. Print and mail to: Ashland City Fire Department, PO Box 36, Ashland City TN 37015.
  - b. Drop off at the Fire Department at 101 Court Street, Ashland City.
  - c. Fax to: 615-792-7100
  - d. To electronically submit:
    - i. Attach completed application to an e-mail and send to: [tknack@ashlandcitytn.gov](mailto:tknack@ashlandcitytn.gov)

Once your application has been received, it will be reviewed and you will be called for an interview. If you have any questions, please don't hesitate to contact us at 615-792-4531 or 615-792-4211, ext 245.